



Turn your receivables into immediate cash  
 2035 S. Myrtle Ave. • P.O. Box 1610  
 Monrovia, California 91017-5610

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**Phone: (626) 303-3551**  
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**APPLICATION FOR FACTORING SERVICES**  
**FOR FACTORING OVER \$50,000 PER MONTH**

BUSINESS NAME			PHONE NO		FAX NO		LINE OF CREDIT REQUESTED \$	
OTHER TRADE NAME(S)/DBA/BRAND NAME(S)			CORP	LLC	IN WHAT STATE?	PARTNERSHIP	SOLE PROPRIETOR	
LINE OF BUSINESS			YEAR ESTABLISHED		WEBSITE			
PHYSICAL ADDRESS			MAILING ADDRESS					
CITY, STATE, ZIP			CITY, STATE, ZIP					
OWNER OR OFFICER			TITLE		SPOUSE'S NAME		% OF OWNERSHIP	
RESIDENCE			CITY	STATE	ZIP	E-MAIL		
SOCIAL SECURITY #	D.O.B.	D/L #	STATE OF D/L #	PHONE #		CELL#		
OWNER OR OFFICER			TITLE		SPOUSE'S NAME		% OF OWNERSHIP	
RESIDENCE			CITY	STATE	ZIP	E-MAIL		
SOCIAL SECURITY #	D.O.B.	D/L #	STATE OF D/L #	PHONE #		CELL #		
OWNER OR OFFICER			TITLE		SPOUSE'S NAME		% OF OWNERSHIP	
RESIDENCE			CITY	STATE	ZIP	E-MAIL		
SOCIAL SECURITY #	D.O.B.	D/L #	STATE OF D/L #	PHONE #		CELL#		
OWNER OR OFFICER			TITLE		SPOUSE'S NAME		% OF OWNERSHIP	
RESIDENCE			CITY	STATE	ZIP	E-MAIL		
SOCIAL SECURITY #	D.O.B.	D/L #	STATE OF D/L #	PHONE #		CELL#		
AVG. MO SALE	AVG. # OF INVOICES	A/G. INVOICE AMOUNT	# OF ACCOUNTS	TERMS OF SALE	FACTORED BEFORE ?	IF YES, WITH WHOM?		
ACCOUNTANT NAME & PHONE #		RECEIVABLES OPEN	AVG. DAYS A/R TURNOVER		HIGHEST CREDIT FOR IND. ACCOUNT			
BUSINESS BANK		CONTACT NAME			PHONE#	ACCOUNT #		
INSURANCE CO./AGENT/PHONE. #				BONDING CO./AGENT/PHONE. #				
FEDERAL TAX ID #	FRANCHISE TAX #	FILED FOR BANKRUPTCY-YR	ANY TAX LIENS?	IF YES, AMOUNT \$	PAYMENT PLAN WITH IRS ?			
ATTORNEY NAME & PHONE #			HOW DID YOU HEAR ABOUT US?					
<b>PERSONAL REFERENCES (KNOWN FOR AT LEAST 2 YEARS)</b>								
NAME		ADDRESS					PHONE # OR CELL #	
NAME		ADDRESS					PHONE # OR CELL #	
NAME		ADDRESS					PHONE # OR CELL #	
<b>BUSINESS REFERENCES (CUSTOMERS ONLY)</b>								
COMPANY NAME	INDIVIDUAL	ADDRESS					PHONE NUMBER	
COMPANY NAME	INDIVIDUAL	ADDRESS					PHONE NUMBER	
COMPANY NAME	INDIVIDUAL	ADDRESS					PHONE NUMBER	
<b>DOCUMENTS NEEDED</b>								
1. IF CORPORATION, ATTACH COPY OF FILED ARTICLES OF INCORPORATION & ORGANIZATIONAL MINUTES SHOWING ALL DIRECTORS AND OFFICERS.								
2. IF LLC, ATTACH COPY OF FILED ARTICLES OF ORGANIZATION & ORGANIZATIONAL MINUTES SHOWING ALL MEMBERS & DIRECTORS.								
3. IF DBA, ATTACH COPY OF FICTITIOUS BUSINESS NAME STATEMENT FORM.								
4. ATTACH CURRENT FINANCIAL STATEMENT OF COMPANY.								
5. ATTACH CURRENT INSURANCE CERTIFICATE NAMING UC FACTORS AS A CERTIFICATE HOLDER.								
6. PROVIDE CUSTOMER LIST AND/OR ACCOUNTS RECEIVABLE AGING REPORT.								
7. PREPARE COPIES OF INVOICES AND SUBMIT WITH PROOF OF DELIVERY (TRACKING #'S/BILL OF LADING) OR SERVICES RENDERED (TIME CARDS/SIGN OFF'S).								
<b>THE ABOVE STATEMENT IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF</b>								
I AGREE THAT UC FACTORS OR ITS ASSIGNEE MAY CHECK MY CREDIT IN PROCESSING THIS APPLICATION								
DATE ___ / ___ , 20__			SIGNED _____			TITLE _____		